



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.
Governor

FRANCINE A. GIANI
Executive Director

F. DAVID STANLEY
Division Director

**Notification Form for Pharmacy Technicians
for On-the-Job Pharmacies**

DOPL-FM-002 REV 12/22/2006

Training Start Date: _____ Anticipated Date of Completion: _____

Name of Technician-in-Training: _____

Name of Pharmacy: _____

Address of Pharmacy: _____

Pharmacy's Utah License Number: _____

Teaching Pharmacist(s):

Name: _____ License Number: _____

Name: _____ License Number: _____

Approved Program: _____

Comments: _____

This form must be submitted PRIOR to beginning the training of the pharmacy technician. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program. It is the responsibility of the pharmacist or program director to ensure that the pharmacy technician is aware of the policies and procedures of the training program. By signing this form, you attest that you have discussed the training program and have a full understanding of what is expected.

Signature of Pharmacist: _____ Date: _____

Signature of Technician: _____ Date: _____

Send To: Utah Board of Pharmacy
PO Box 146741
Salt Lake City, Utah 84114-6741